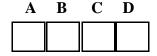
## IOWA DEPARTMENT OF PERSONNEL

## **EDUCATIONAL SURVEY**

The State of Iowa is committed to the legal principles of Affirmative Action and Equal Employment Opportunity. To evaluate the success of the State's Affirmative Action Program, we must collect information about **applicants for educational assistance/leave**. Please complete the following information which is voluntary. This information is used only for program evaluation.

Please write your numbered responses to items A through D in the corresponding boxes.



- A. What sex are you?
  - 0. Male
  - 1. Female
- B. What is your age?
  - 0. 18 or younger
  - 1. 19-29
  - 2. 30-39
  - 3. 40-49
  - 4. 50-59
  - 5. 60-69
  - 6. 70 or over

- C. Of which racial/ethnic group do you consider yourself a member?
  - 0. White
  - 1. Black
  - 2. Asian/Pacific Islander
  - 3. American Indian/Alaskan Native
  - 4. Hispanic
  - 5. Decline to Respond
- D. Do you consider yourself as having, are you regarded by others as having, or do you have a record of having a physical, or mental disability that substantially limits one or more major life activities?
  - 0. No
  - 1. Yes
  - 2. Decline to Respond

## EDUCATIONAL SURVEY TALLY SHEET FOR EDUCATIONAL ASSISTANT COORDINATOR

		Month <sub>.</sub>	/Year		
Nu	mb	er of Requests Submitted:			
Аp	pro	ved:			
Denied:		d:	Leave Only:	Total:	
A.	What sex are you?				
	0.	Male			
	1.	Female			
B.	What is your age?				
	1. 2. 3. 4. 5.	18 or younger 19 - 29 30 - 39 40 - 49 50 - 59 60 - 69 70 or older			
C.	Of	Of which racial/ethnic group do you consider yourself a member?			
	1. 2. 3. 4.	White Black Asian/Pacific Islander American Indian/Alaskan Native Hispanic Decline to Respond			
D.	Do	Do you consider yourself to be physically or mentally disabled?			
	0. 1. 2.	No Yes Decline to Respond			
Nu	mb	er of Requests Not Completed:			